

# Child Care Health Consultation Lesson Plan

**Contractor Name:** Department Standardized Health Issue Training

**Date Submitted:** June 15, 2012

☐ **Children's Health Promotion**

**Adult Training on Content Area V: Health and Safety**

## Health and Safety Standards

## Training Levels

*Select one standard and one level*

- ☐ Promoting Risk Management Practices
- ☐ Protecting Children and Youth
- ☒ Promoting Physical Health
- ☐ Promoting Mental Health
- ☐ Promoting Healthy Eating

☐ 1    ☐ 2    ☐ 3    ☐ 4    ☒ 5

**Source:**

Core Competencies for Early Childhood and Youth Development Professionals (Kansas and Missouri), 2011

**Title:** Traumatic Brain Injury Part 2: Signs and Symptoms of Traumatic Brain Injury

**Training Goal:** Participants will know the signs and symptoms of traumatic brain injury

**Learning Objective(s): Participants will**

1. Increase their knowledge of signs and symptoms of traumatic brain injury
2. Understand the importance of documenting blows to the head
3. Understand the importance of documenting health history of events that may cause injury to the brain

Topical Outline of Content	Training Method(s)	Time (In minutes)
1. Introduction and pre-test of knowledge	Pre-test survey	5 minutes
2. View: What to do if a child is injured? On the DVD "Traumatic Brain Injuries in Early Childhood: Recognizing, Recovering, and Supporting"	DVD	8 minutes
3. Discuss "Signs and Symptoms of Traumatic Brain Injuries" handouts	Lecture	15 minutes
4. Instruct on the importance of documenting incident of a blow to the head. Give group a scenario and ask them to complete an incident report form, reference "Incident Form Regarding Injury to the Head"	Discussion	30 minutes
5. Instruct how to use the health history form, reference "Health History Form for Head/Brain Injury (Ages 0-4)". Provide the group with a scenario involving an incident that did not occur while child was not in their care. Discuss the importance of communication with parents regarding events that may cause a traumatic brain injury and the need to have a record for the future.		
6. Questions and post-test	Post-test survey	5 minutes
<b>TOTAL TRAINING TIME = One (1) Clock Hour</b>		<u>5 minutes</u> 63 minutes

**Method(s) of Outcome Evaluation:** Pre- and post-test; group discussion

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**Date Approved:**  
June 15, 2012

**Authorized Approval Signature:**

*Bucky L. Hitting*

**Date Expires:**  
June 2015